FINANCIAL STATUS REPORT

(Short Form)



(Follow instructions on the back)

| 1. Federal Agency and Organizational Element | 2 Fartant County on C | Maria de la companya | CQS | | | |
|---|--|--|---|---|--|--|
| Federal Agency and Organizational Element to Which Report is Submitted Submitted Pederal Grant or Other Identifying Number Assigned By Federal Agency | | | OMB Approval Page of No. | | | |
| Denali Commission 172-05 | | | 0348-0035 1 1 pages | | | |
| 3. Recipient Organization (Name and complete a | ddress, Including ZIP cod | ie) | | | | |
| Juneau Family Birth Center 3225 Hospital Drive #106 Juneau, A | Jaska 99801 | | | | | |
| Employer Identification Number 92-0160698 | 5. Recipient Account Number or Identifying Number | | • | 7. Basis | | |
| | | , , , , , , , , , , , , , , , , , , | ☑ Yes □ No | ✓ Cash | | |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) | To: (Month, Day, Yea | 9. Period Covered I | | 1- 4 | | |
| 3/1/2005 | 3/1/2007 | | From: (Month, Day, Year) To: (Month, Day, Year) 1/1/2007 3/31/2007 | | | |
| 10. Transactions: | | 11.1.2001 | 11 | | | |
| | | Previously Reported | il This Period | III Cumulative | | |
| a. Total outlays | | 208,725.0 | 00 43,275 | i.00 250,000.00 | | |
| b. Recipient share of outlays | | 0.0 | 00 0 | 0.00 | | |
| c. Federal share of outlays | | 206,725.0 | 00 43,275 | 5.00 250,000.00 | | |
| d. Total uniquidated obligations | | The state of the s | | 0.00 | | |
| e. Recipient share of unliquidated obligations | | | | 0.00 | | |
| f. Federal share of unitquidated obligations | | And the state of t | स्ति क्षेत्रकोत्री (स्ति स्वताना क्षेत्री स्वतान क्ष्या कर्षणी है। साथ है। १ देवा १ - प्रति क्ष्या क्ष्या क्ष्या क्ष्या है। स्वतान क्ष्या क्ष्या क्ष्या क्ष्या क्ष्या क्ष्या क्ष्या क्ष्या १ देवा १ - प्रति है। स्वतान स्वतान क्ष्या क्ष्या क्ष्या क्ष्या क्ष्या क्ष्या क्ष्या क्ष्या क्ष्या है। १ व व्यक्ति क्ष्या क्ष्य | 0.00 | | |
| g. Total Federal share(Sum of lines c and f) | | The second state of the se | मुक्ता का क्षेत्र के क्षेत्र के क्षेत्र के स्थाप (बावा के क्षेत्र के क्षेत्र के क्षेत्र के क्षेत्र के क्षेत्र क अर्थित (विकास के क्षेत्र के क् | 250,000.00 | | |
| h. Total Federal funds authorized for this funding period | | The production of the producti | it is a fine property of the impact of the i | 250,000.00 | | |
| i. Unobligated balance of Federal funds/Line | The state of the s | (g) Period (an interface), make the control (in the High In (g) A set it is supported in the supple (e) High Interface (in the Interface), and the supple (in the Interface) an | 0.00 | | | |
| at type of Carry A is appropriate 6000/ | | | | | | |
| 11. Indirect Provial | | Predetermined | Final | Fixed | | |
| Expense b. Rata | с. Вазе | d. Total Amour | nt | e. Federal Share | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compilance with governing legislation. | | | | | | |
| 13. Cartification: I cartify to the best of my known unliquidated obligations are | | | • | outlays and | | |
| Typed or Printed Name and Title | | | | Telephone (Area code, number and extension) | | |
| Kaye Kanne, ? | 1 (4 C TO | 907- | 586-1203 | | | |
| Signature of Authorized Certifying Official | | Date Report Subm | itted | | | |
| Tau Ka | | May 1, 2007 | | | | |
| NSN 7540-01-218-4387 | 269-202 | | Standard Form 269A (Rev. 7-97) | | | |

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